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STATE OF MONTANA BULLETIN

OF THE

Department of Health

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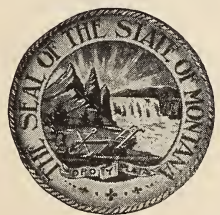
Vol. 12

September-October, 1920

Nos. 9 and 10

"IS YOUR COMMUNITY FIT?"

If it is true that during 1919 a million of the school children of America had tuberculosis; if it is true that four out of every five children are infected with tuberculosis; if it is true that tuberculosis infection is generally conceded as originating in childhood; if it is true that these conditions are preventable and remediable—what definite thing is your community doing to prevent or remedy?



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Published at Helena, by the State Board of Health.

He who has health has hope, and he who has hope has everything.—
Arabian Proverb.

This Bulletin will be mailed to any person in Montana upon request to the Secretary of the State Board of Health at Helena.



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HELENA, MONTANA

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COMMUNICABLE DISEASE REPORT FOR AUGUST, 1920.

COUNTIES AND CITIES.	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbili)	Whooping Cough	Chickenpox	Meningitis (epidemic)	Poliomyelitis (epidemic)	Rocky Mount'n	Spotted Fever	Other Diseases (see Addenda)
*Beaverhead													
Big Horn				1									
Blaine													1
*Broadwater													
Carbon, except			1				4						
Red Lodge	4												
*Carter		1											
Cascade, except					1								3
Great Falls	1	1	3	1	9	1			1	1			30
Chouteau													
Custer, except	1												
Miles City	1		1		6				1				
*Dawson, except													
*Glendive													
Deer Lodge, except													13
Anaconda		1											
Fallon						2							
Fergus, except	6												
Lewistown	1		1					1					1
Flathead, except		1		1	2	5	1						1
Kalispell		1				2							
Gallatin, except	1	5					2						2
Bozeman							2						
Garfield													
*Glacier													
Granite													
Hill, except													
Havre		1	2										
Jefferson							2						4
*Lewis and Clark, except													
Helena					5	1							3
*Liberty													
Lincoln			1										3
*McCone													
Madison													
*Meagher													
Mineral													1
Missoula, except			3				4						
Missoula City	1	2	4			3							14
Musselshell					3								
Park, except													
Livingston						1	3						3
Phillips											1		
Pondera							2						2
*Powder River													
*Powell													
*Prairie													
Ravalli			1									1	
*Richland													
Roosevelt					2	2							
Rosebud								7					1
Sanders		1											4
Sheridan													1
Silver Bow, except						3							1
Butte	4	1	2	4	5	16	6						69
Stillwater		1											2
Sweet Grass													
Teton						1	4						
*Toole													
Treasure							6						
Valley	2		1	1									
Wheatland													
*Wibaux													
Yellowstone, except		3	1						1				6
Billings	6	1	5		1		23	1					24
Total	28	20	26	8	34	37	67	1	3	2	1		189

*Delinquent. Health officers failed to perform duty of reporting.

Other communicable diseases reported: Anthrax, 1; cancer, 3; erysipelas, 4; German measles, 5; gonorrhea (including 38 drug store sales of gonorrhea remedies), 121; malaria, 1; mumps, 4; pneumonia, 6; septic sore throat, 5; syphilis, 39.

COMMUNICABLE DISEASE REPORT FOR SEPTEMBER, 1920.

COUNTIES AND CITIES.	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbilli)	Whooping Cough	Chickenpox	Meningitis (epidemic)	Polio-myelitis (epidemic)	Other Diseases (see Addenda)
Beaverhead							4				
*Big Horn											
Blaine							4				2
Broadwater											
Carbon, except	1			3							
Red Lodge	1										
*Carter											
Cascade, except		3									3
Great Falls	5	4		3	4		2	5			33
Chouteau											
Custer, except		1						1			
Miles City		1	2		3	1		1			2
Dawson, except											
Glendive		2					1				
Deer Lodge, except											
Anaconda					1					1	
*Fallon											
Fergus, except	2		1								1
Lewistown		1					3				
Flathead, except	1	1				1	2				2
Kalispell		1									1
Gallatin, except	3										2
Bozeman							6				1
Garfield		1									1
*Glacier											
Granite											
Hill, except											
Havre	2	10	7	1							
Jefferson		1									
*Lewis and Clark, except											
Helena					3						
*Liberty											
Lincoln	1	2									2
*McCone											
Madison											
*Meagher											
Mineral											
Missoula, except	2		6			45					
Missoula City	1	2	7		1	1					14
Musselshell											
Park, except											
Livingston	1		1		1						2
Phillips										2	1
Pondera											1
*Powder River											
*Powell											
*Prairie											
Ravalli	1									3	
*Richland											
Roosevelt			2								3
Rosebud					1	4					3
Sanders		2		1			2				
Sheridan					1						
Silver Bow, except	2	2				39					1
Butte	2	4	2	2	1	106	10	2			114
Stillwater											
Sweet Grass											
*Teton											
Toole											
Treasure		1									
Valley		1			3			3			5
Wheatland				3							
*Wibaux											
Yellowstone, except											3
Billings		2	2		12	5	6				8
Total	25	42	30	16	27	202	40	12		6	205

*Delinquent. Health officers failed to perform duty of reporting.

Other communicable diseases reported: Cancer, 4; chancreoid, 1; erysipelas, 3; German measles, 1; gonorrhea (including 12 drug store sales of gonorrhea remedies), 60; influenza, 2; mumps, 28; pneumonia, 5; Rocky Mountain spotted fever, 1; syphilis, 100.

ANNUAL MEETING OF MONTANA STATE TUBERCULOSIS ASSOCIATION.

REPORT OF EXECUTIVE SECRETARY.

The purposes of the Montana Association for the Study and Prevention of Tuberculosis, as set forth in our constitution, are so comprehensive that they authorize us to undertake and carry on any activity having for its object the prevention and eradication of tuberculosis and other preventable diseases. The Association fully realizes that in order to win the fight against tuberculosis it must make use of every possible agency that has for its object the elimination or control of all preventable diseases, as well as those agencies tending to bring about an improvement of the general health of the community; hence the Association has taken an interest in all phases of public health and welfare work which tend to prevent disease; in better living conditions; in schools well ventilated and lighted, with proper sanitary conditions; in the enforcement of health ordinances; the inspection of food and dairy products; in the education of mothers as to the care of their children, and the instruction of school children in personal and community hygiene. The year's work has not been an attack on tuberculosis alone, but upon "general health and its conditions."

In a broad way the solving of the tuberculosis problem consists in the prevention, in the discovery, and in the treatment. Beyond all question the first of these is by far the greatest in importance. Were the old sage living today who said "An ounce of prevention is worth a pound of cure" he would consider himself justified in asserting "A grain of prevention is worth a ton of cure." Prevention is the goal sought by all up-to-date health workers, especially is this true regarding the White Plague. Heretofore the emphasis in prevention work in tuberculosis has been placed upon the infection, the main attack being directed against the bacillus. But today the Montana Association recognizes that prevention of tuberculosis is more than a narrow fight against the infection; that it is a campaign to eliminate those conditions and influences which tend to lower the vitality and the resistance to infection by the bacillus.

Since it is the general consensus of medical opinion that all cases of tuberculosis are of childhood infection—usually under the 12th year—and that the tuberculosis infection of an adult is of exceedingly rare occurrence, the Association believes it is of the greatest importance to build up the health of the children of our state in order to prevent the further development of the disease in our midst.

While the Association is making every effort to reach all tuberculous cases in the state it has emphasized the child welfare work through health clinic demonstrations and public nursing demonstrations. By building up the resistance of our children, removing their physical handicaps and improving the hygienic conditions under which they live, the Association will materially prevent tuberculosis in the adult. By this method we are building the fence about the bluff instead of an ambulance for those who have fallen off; in other words, we prevent instead of cure. In our clinics we have co-operated with all health preserving agencies, child welfare organizations, parent-teachers associations, and all instrumentalities interested in the maintenance of health.

Next in importance to the prevention of tuberculosis comes its discovery after the infection has taken place, since upon its early discovery, followed by proper treatment, depends in a large measure the hope of curing the patient and the prevention of further infection.

Our school nurses are doing splendid work in searching out children in families where there has been exposure; and if they did no other phase of work but this alone their services would be invaluable in the tuberculosis movement. Dr. Armstrong of Framingham, Mass., claims that the discovery of the cases is the biggest problem in our crusade, having himself found 9 times as many cases in Framingham as had been previously reported. Of course the nurse does not diagnose any case, but in her advisory work among parents she arouses an appreciation of medical examination and thus brings the individual under the observation of the physician. If each community could have its public health nurse co-operating with the demonstration clinic we would have adequate means for searching out pre-clinic and active cases, which would result in each case being given care and treatment that would prevent the disease from developing, and prevent the patient from being a source of infection to others.

The third great problem under consideration is the treatment. The Association sees results from its efforts in this phase among the tuberculosis sufferers in Montana, for scarcely a day passes but inquiries are made at the office regarding our State institution and methods for home care. This shows the interest that has been aroused in this branch of our activities. To care adequately for the victims of the great white plague in our state we must have increased sanatorium facilities. The State Board of Health reports 479 deaths the past year from tuberculosis, and there are only 89 available beds in the state. New buildings are in process of erection that will increase the number to 120; granted that the rate of two beds for each death is a standard ratio for estimating the necessary accommodations for tuberculosis in a state, we will even then have but 8 per cent of the required number of beds. Clearly Montana has a long road to travel before she has provided adequate facilities for handling her tuberculosis problem.

Educational Service.

The educational service offered by the Association is many-sided in its phases and includes the organization of the Modern Health Crusade movement, public health and school nursing service; child welfare clinics; furnishing of charts and posters for exhibits; the free exhibition of health films; distribution of booklets and pamphlets; lectures and discussions before schools and organizations, and annual health-poster and health-composition contests in the public schools of the state. It is interesting to note how much the success of our campaign depends upon the education of the public; whether our money and efforts are expended in the maintenance of a dispensary or in a poster contest, the main value rests in the lesson taught.

The Modern Health Crusade is a most essential part of the general health educational program. It is one of our indirect attacks upon tuberculosis. It is a system which teaches children good and proper health habits. Dr. Otis says: "If all children could be protected up to and through school life by a bulwark of sound health, there is little doubt but that the problem of tuberculosis would largely disappear in the next generation. The 11 health chores which the Modern Health Crusader performs daily represent the hygienic rules which a child needs to keep him in sound health. We are indebted to Charles M. DeForest of the National Tuberculosis Association for devising a scheme whereby the teaching of hygienic rules becomes a game, and through play it is possible to bring about what nagging by teachers and parents fails to accomplish. We all recall in our childhood the daily motherly admonition "Be sure to brush your teeth." Many of us know the nightmare task of accomplishing this function with our own children. Did not the draft prove conclusively that as parents and teachers we have failed to teach health habits? The fact that 800,000 were rejected from army service because of bad teeth gives evidence of our failure.

The Modern Health Crusade has solved the problem of teaching health habits, and is the basis for developing a national standard of health. There is only one way to form habits—that is, to do the thing so often that we eventually do it automatically. The Crusade, by tangible awards, given out at different periods as the Crusader progresses on his way to good health habits, is especially designed to establish such habits. The acquiring of general health habits in the boys and girls of Montana will make a wonderful improvement not only in the health of our state but in the efficiency and the producing ability, as well as the happiness, of the fathers and mothers of tomorrow. The teachers claim that never before has there been anything that kept up the interest nor made such a decided improvement in the habits and also in the grade-work of the pupils. The nurses claim also that it is a wonderful aid in their work. Miss McBride, of Helena, says, "One reason that we have not had a single epidemic, and only 3 cases of contagious disease in the schools this past year, is because of the Modern Health Crusade." It will eradicate disease, protect the community and go far in the upbuilding of a sturdy race of men and women. Eight states have officially incorporated the Crusade into their school curriculum; it has been endorsed by the National Educational Association and by the leading educators. Montana last year won four pennants in the national tournament, ranking fourth among the states of the union. In Montana during the school year 1919-1920 there were enrolled 30,162 Health Crusaders, and it is expected that at least 5000 will qualify as knight bannerets. Arrangements have been made for an outdoor ceremony to occur next fall at the State Fair, where Governor Stewart will officiate as master of the ceremonies and make a formal award of knightly rank to each of the successful Crusaders.

The Association has had 9 nurses in the Montana field demonstrating public health nursing during the past year, besides paying a portion of the salary of one social worker and one public health nurse. Three of these have been permanently employed by the community at the end of their demonstration period, while in three other places public health nurses were employed as a result of the demonstration after the Association nurse had departed. Naturally the work of the demonstration nurse is somewhat different from that of the resident nurse. It is her business to survey conditions, to find out what is needed, to interest the community in its problems, to demonstrate what can be done if sufficient interest is aroused; to show how cases which have been a drag on the community can be taken care of so that the patients themselves may be benefitted as well as the community. The tuberculosis cases, by consultation with doctors and examination of records, are investigated in detail. New cases are discovered and visits made for the purpose of helping the family realize the necessity for care of the patient and the need for preventative measures. She visits the schools, talks to the children on personal hygiene, examines them as to weight in relation to height, as to skin, teeth, throat; she gives the acknowledged tests for sight and hearing, and makes a personal record for each child, and wherever possible visits the homes of the children, showing need for medical attention, and arousing the parents' interest in seeking the benefit of a doctor's advice. The Association believes that by bringing home to the parents the fact that their child is physically handicapped a real service has been rendered to the state. While we regret to say a large per cent of the parents who have received warning slips have not followed the instructions of the nurses, still a great many have had their children's defects remedied, and it has been gratifying to see the interest manifested by the parents generally. It is our hope that every community will have not only its school nurse, but its medical inspector and its health clinic where the children will receive

County	Name of Nurse	Children Examined	Home Visits	Teeth	Tonsils and Adenoids	Vision	Hearing	Mal-nourished	Tb. Clinic Visits	Tb. Cases Located	Tuberculosis Transfers	Suspicious Tuberculosis	Active Tuberculosis	Orthopedic and Spinal	Bedside Care	Deaths	Lectures and Meetings	Conferences
Phillips	Richardson	1015	55	556	906	247	113	100	---	40	1	---	3	15	---	---	10	25
Custer	Hines	636	89	316	416	164	171	138	1	143	5	124	20	39	99	1	---	180
Sheridan	Stucky	919	20	455	525	183	111	---	174	38	3	15	2	6	110	3	---	---
Yellowstone	Link	223	438	106	161	18	7	---	---	7	---	4	1	---	---	---	---	---
Sanders	Stucky	450	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Broadwater	Stucky	369	25	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Cascade	Mecklenburg	693	255	319	249	57	12	66	66	194	---	11	88	---	12	26	53	56
Lincoln	Barrow	1063	138	724	324	118	113	68	---	---	---	---	---	---	---	---	---	---
Carbon	Link	1863	28	693	992	446	102	103	---	17	1	---	---	3	---	---	---	---
Missoula	Stucky	4507	---	516	854	367	98	329	60	---	---	20	---	26	---	---	---	---
Fergus	Levensaler	---	16	765	833	358	57	230	---	10	---	30	3	---	---	---	---	---
Gallatin	McHugh	---	16	---	---	---	---	---	---	53	---	---	---	---	---	---	---	---
Toole	Levensaler	---	---	---	---	---	---	---	---	12	---	---	---	---	---	6	---	---
Glacier	Levensaler	---	3	---	---	---	---	---	---	2	---	---	---	---	---	---	---	---
Flathead	Bullock	76	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Totals	---	13225	1489	4440	5260	1959	630	968	301	506	10	281	117	89	221	36	69	261
Yellowstone	Reeman	---	2574	---	---	---	---	---	1079	185	8	---	21	---	---	13	---	---
Silver Bow	Peeples	---	2076	---	---	---	---	---	706	184	22	---	339	---	72	22	---	---

periodical examinations; its health clinic where expert attention may be given defects in cases where poverty prevents the parents from providing such attention for the children.

In line with our established policy, we have worked in closest cooperation with the State Board of Health; upon request of physicians, prophylactic packages are distributed, these are furnished to the State Epidemiologist by our Association. A fee of one dollar is also sent to the physician distributing these packages in appreciation of their efforts in prevention. Working in close touch with the Child Welfare Division, excellent results have been obtained in our Child Welfare Clinics; the clinic conducted by the two organizations during the State Fair demonstrated the popularity of the movement and similar clinics were held by request at Billings, Missoula, Hamilton, Plains, and Gilman. During the year twenty-five other clinics have been conducted, two of them under the auspices of Baptist churches, the others either under the Woman's Clubs or Parent-Teachers' organizations. Local doctors and nurses have given freely of their time and have done much to make these clinics successful; not only have 5156 children been examined but the parents have received valuable assistance from the advice of doctors and nurses as well as from the information contained in the bulletins so widely distributed.

The Association has over 500 charts and posters which have been displayed in various public places and have aroused interest by their graphic portrayal of the different phases of the health movement. 500 Daily Health Charts and 500 Posture Charts have been distributed among various schools, teaching valuable health truths.

The film "What the Public Health Nurse Does" has been shown in 55 cities and towns in Montana, and has been instrumental in emphasizing the benefits to be derived from the employment of a public nurse. Three sets of health slides setting forth the work of preventing and curing tuberculosis have been in constant use, while the Modern Health Crusade film which was shown in the state during the month of December has been another of the educational features of our work.

To interest the children in health rhymes and songs 5000 copies of attractive pamphlets containing such rhymes, playlets and songs were distributed during the year, and 2000 copies of Health stories were sent out to the schools. The interest among the teachers in health work is the most encouraging phase of the work; it speaks for the success of health education.

The executive secretary has spoken before schools, clubs, and other organizations throughout the year, 183 such talks having been given. The talks before the various institutes resulted in securing a large enrollment in the Modern Health Crusade. 12,000 copies of literature pertaining to tuberculosis have been distributed as well as 3000 copies of government pamphlets dealing with general health problems.

The poster contest and the composition contests have awakened a great interest in the schools—not only are these contests well worth while for they interest the contestants in the tuberculosis problem, but they give the Association material that can be used for exhibition. So far 45 entries in the health poster contest have been received, and we expect, by September 10, when the contest closes, to have a larger number.

Tuberculosis Work Among Cantonment Rejects and Army Discharges.

The Association has in its records the names of 613 tuberculous ex-soldiers. Every effort has been made to reach these men, but it has been difficult because of the inability to trace some of them, and also because of the lack of interest on the part of the men themselves in their condition.

Questionnaires were sent to each man as well as literature, besides 3 personal letters in every case, and more in some cases. Wherever the visiting nurses were in the vicinity they personally made a point to meet with the men and urge them to take advantage of the government's offer of treatment and compensation.

Number of boys reported.....	613
Number of letters returned unclaimed to the office.....	66
Number of boys receiving compensation.....	25*
Number receiving vocational training.....	13*
Number who have left state in search of health.....	45*
Number at Galen.....	17
Number who have been at Galen or other sanatorium.....	45
Pieces of literature sent to tuberculous soldiers.....	2000
Soldiers located	94**
Deaths reported to office.....	7

*Shown on our records.

**In direct communication.

NUMBER OF TUBERCULOSIS PATIENTS (ARMY DISCHARGES AND CANTONMENT REJECTS SHOWN BY COUNTIES.

Beaverhead	4	Missoula	27
Big Horn	8	Musselshell	11
Blaine	14	Park	11
Broadwater	2	Phillips	25
Carbon	16	Powell	7
Carter	3	Prairie	7
Cascade	62	Ravalli	13
Choteau	21	Richland	8
Custer	19	Rosebud	12
Dawson	11	Sanders	5
Deer Lodge	13	Sheridan	10
Fergus	36	Silver Bow	66
Flathead	17	Stillwater	6
Gallatin	8	Sweet Grass	2
Garfield	3	Teton	20
Granite	5	Toole	4
Hill	19	Valley	5
Jefferson	2	Wheatland	7
Lewis and Clark.....	20	Wibaux	5
Lincoln	8	Yellowstone	68
Madison	6		
McCone	1		
Meagher	10	TOTAL IN STATE.....	613
Mineral	3	(As per our records)	

THE CHRISTMAS SEAL.

The Christmas seal performs a double duty. It finances the fight on tuberculosis and it carries far and wide the message of the need for the prevention and cure of tuberculosis. In 1919 the Association was fortunate in securing the services of Mr. T. J. Davis of Butte, who acted as campaign manager. Under his able supervision the sale was prosecuted vigorously throughout the state. Not only was it a financial success, particularly in view of Montana's unfortunate financial condition the last year, but it was also a success from an educational standpoint. The Rotary Clubs of Montana participated actively in the conduct of the sale, and as always, the Woman's Clubs of Montana were back of the movement, while the teachers and pupils pushed the sale with great enthusiasm and energy. We are proud of the fact that every county made a substantial response, this being

due to the splendid organization of the county by its chairman; we regret that space forbids our mentioning the names of all of those who so ably assisted these chairmen and made possible the excellent result of the sale. The campaign clearly demonstrated the truth of Kipling's words—

"It ain't the guns nor armament, nor fund that they can pay,
But the close co-operation that makes them win the day.
It ain't the individual, nor the army as a whole,
But the everlastin' teamwork of every bloomin' soul."

The Association desires to extend thanks and appreciation to all the splendid men, women, and children who contributed to this Health Sale.

Counties.	Chairman.	Amount.	Per Capita.
Beaverhead	Mrs. Mosher	\$ 470.71	4.7
Big Horn	C. M. Squire	290.64	4.8
Blaine	Mrs. W. V. Pierson	191.70	1.5
Broadwater	Mrs. J. B. Lockart	123.00	2.4
Carbon	Mrs. C. P. Keyes	283.59	1.08
Carter	L. J. O'Grady	26.80	.4
Cascade	Harry Mitchell	1,833.79	3.2
Chouteau	Mrs. C. Bassow	223.46	1.06
Custer	Geo. Farr	565.14	3.6
Dawson	Frank Leiper	512.02	3.8
Deer Lodge	R. H. Abbott	226.35	1.08
Fallon	C. M. McLemore	184.73	2.4
Fergus	O. W. Belden	447.07	.9
Flathead	C. D. Conrad	1,071.62	3.9
Gallatin	Mrs. T. B. Story	938.31	4.1
Granite	Mrs. R. E. McHugh	105.72	1.8
Garfield	W. C. Anderson	19.42	.5
Glacier	H. D. Wilkins	79.33	1.5
Hill	Dr. D. S. Mackenzie	384.00	1.4
Jefferson	Mrs. H. B. Hundley	176.98	2.4
Lewis and Clark	Ray Church	1,985.94	8.2
Lincoln	W. Plummer	507.65	5.4
Madison	Mrs. Roscoe Wilson	239.01	2.2
McCone	Mrs. H. Hoover	67.00	.7
Meagher	Mrs. Grace Stone Coates	68.00	1.9
Mineral	Mrs. Marie Penglace	126.89	4.9
Missoula	J. C. Coffee	1,535.76	4.9
Musselshell	M. D. Dearborn	321.00	1.7
Park	C. E. Betchel	941.88	6.05
Phillips	Rev. O. Shenefelt	235.13	1.8
Pondera	Mrs. W. C. Norem	168.67	3.3
Powell	Mrs. W. Marsh	447.82	5.7
Powder River	H. R. Straiton	84.94	1.5
Prairie	J. E. Tope	62.92	1.03
Ravalli	Mrs. H. B. Palmer	249.50	1.7
Richland	Rev. C. Blackman	195.62	1.2
Roosevelt	A. M. Foor	492.42	3.5
Rosebud	J. Edwards	300.00	2.7
Sanders	Mrs. W. Nutting	91.37	1.2
Sheridan	R. D. Burke	160.20	.8
Silver Bow	H. L. Sullivan	2,110.33	2.7
Stillwater	J. J. Ray	291.35	2.5
Sweet Grass	Mrs. Coit	265.62	3.
Teton	Mrs. S. R. Foot	95.53	.9
Toole	Dr. M. D. Ridle	27.10	.4
Treasure	Mrs. I. N. Crane	37.21	1.8
Valley	L. Jones	439.99	2.8
Wheatland	Oscar Skeen	241.18	3.3
Wibaux	W. A. Orgain	58.85	1.
Yellowstone	Dr. Frank Bell	1,758.81	4.8

*Summary of Seal Sale.

Total receipts from sale of seals		\$21,746.82
Total expenses incurred	\$3,605.18	
Remitted to National Association	2,307.42	5,912.60
Balance retained in State		\$15,834.22

*An itemized statement with full explanation was presented at the annual meeting of the Association but publication has been omitted for lack of space; full statement will be furnished to those interested upon request.

The work of the Association during the past year has been of an exceptionally satisfactory nature, due largely to the close co-operation extended us by Miss Marion L. Fox, educational secretary of the Child Welfare Division of the State Board of Health. Miss Fox has undertaken a large work in Montana, and has closely allied her activities with those of this Association, working with the Executive Secretary at clinics and meetings of a health-educational nature throughout the state. Montana is fortunate in having secured the services of as capable, enthusiastic and energetic a child-welfare worker as Miss Fox, whose temperament and training peculiarly fit her for the huge task that is before her.

An additional cause for the achievements by the Association during the past few months is the fact that Mrs. Laurie Jean Reid, who had been appointed Director of Child Welfare, acts also as immediate director of the nursing activities of our Association. This Association pays one-third of Mrs. Reid's salary and enjoys the benefits of her splendid supervision.

The sum of \$2,000 was contributed toward the Elinor C. Walsh Memorial Fund which is being raised to finance the erection of a woman's building at the state hospital at Galen. This donation was made by the Association as an expression of gratitude to the club women of Montana, who are raising the fund, for their able and valuable help in conducting the annual seal sales, and also because the Association recognized the urgent need of the building which is going up at Galen. Mrs. Walsh was one of the pioneer tuberculosis workers in Montana and her interest in the cause and untiring efforts to promote the fight against the disease should be commemorated by some permanent monument. The women's building at Galen will be a lasting tribute to the memory of a woman whose humanitarian activities have been the inspiration of many a tuberculosis worker in Montana.

The Association regrets that lack of space prevents the publication of all the excellent reports received from its nurses as each is a record of splendid achievements but it submits a few which will show the type of the work and will give an idea of the scope of its Public Health Nursing Activities.

We want you to know the part you are taking through contributions to the Health Work of our State; we want you to be interested in the progress that is being made and in the good that is being done. We are endeavoring to build red-blooded, strong Americans with backbone and fire and ability to do things. Success as a state, as a city, as an individual is based on a normal healthy body. We help people to keep well, we help people to get well, we help them to prevent sickness, we teach them how to live right. WE—and this is important—means YOU, for you support the work; your active help and your encouragement have pushed forward the work to the place which it now occupies and have made it possible for us to accomplish whatever degree of success we have attained. Your continued support and hearty co-operation is earnestly solicited to the end that our efforts so auspiciously begun may grow in effectiveness and degree of attainment. We are however, as yet at the beginning of our task. The end will not be until every county in Montana has ample provision for its tuberculous sufferers; until every community has nursing services adequate to its needs; until every locality is provided with efficient clinic and dispensary service; and until every boy and girl in our state has been thoroughly inculcated with habits that will make for health and happiness.

Respectfully submitted,

SARA E. MORSE.

FINANCIAL STATEMENT.

Showing Report of Receipts and Expenditures of the Montana Anti-Tuberculosis Association for the Year Ending July 1st, 1920.

RECEIPTS.

Cash on hand at beginning of year.....	\$ 2,557.10
Received from national (on seal sale basis).....	11,551.79
Received from memberships	20.00
Received from sale of literature and supplies.....	550.03
Received from sale of Xmas seals.....	20,242.95
Total	\$34,921.87

EXPENDITURES.

1. Salaries of executive secretaries and assistants.....	\$ 1,800.00
2. Salaries of nurses	5,595.55
3. Salaries of social workers	300.00
4. Salaries of medical field secretaries and medical examiners	750.00
5. Salaries of Stenographers	1,196.81
6. Salaries of clerks	300.00
7. Traveling expenses	2,855.25
8. Stationery, office supplies, furniture, etc.....	516.19
9. Postage and express	775.85
10. Telephone and telegraph	267.31
11. Literature and printed matter	402.03
12. Fund raising campaigns	2,208.33
13. Modern health crusade	2,530.98
Transferred to Butte association as ordered by state association	2,000.00
Paid to the national association from money received from Xmas seals	2,307.42
Total	\$23,805.72

RECAPITULATION.

Balance on hand on first day of quarter.....	\$ 2,557.10
Receipts	32,364.77
Total	\$34,921.87
Total expenditures	23,805.72
Balance on hand on last day of quarter.....	11,116.15

Respectfully submitted,

T. O. HAMMOND, Treasurer.

Oct. 5, 1920.

T. O. Hammond, Treasurer,
Montana Association for Prevention
of Tuberculosis,
Helena, Montana.

Dear Sir:

At the request of Mrs. S. E. Morse this department reconciled your financial statement as treasurer for the period from July 1, 1919, to July 1, 1920, with the bank account, and found same to be in balance.

Balance on hand July 1, 1919.....	\$ 2,557.10
Deposits	32,364.77
Total	\$34,921.87

Checks with warrants attached, issued.....	23,805.72
Balance on hand July 1, 1920.....	\$11,116.15
Check No. 416 for \$2.00 is outstanding and unpaid.	
Account of the Montana Association for the Prevention and Study of Tuberculosis with the Montana Trust and Savings Bank of Helena, Montana, in the savings department:	
Balance on hand July 1, 1919.....	\$9,068.87
Interest credited for period.....	432.50
Balance on hand July 1, 1920.....	\$9,501.37

Yours truly,

(Signed) G. A. BRIEBACH,

Assistant Superintendent.

GAB:nak

FROM BUTTE TUBERCULOSIS SOCIETY.

To the Montana State Tuberculosis Society:

The following report is respectfully submitted. The various schedules are taken from the survey of the work, as made by Mr. George Everson, during the month of March, 1920:

Deaths During Year 1919.

Cases reported on death certificates at city health office.....	158
Deaths of cases known to the clinic but reported to city health office	28
Deaths of private patients known to tuberculosis nurse but not reported as such to city health office.....	22
Deaths of cases reported to city health office but whose death certificates were not filed as such.....	15
Total	223

Ages of Death.

Years.	Cases.
1-5	4
5-10	1
10-20	3
20-30	19
30-40	44
40-50	51
50-60	46
60-70	13
70-80	8
80-90	1
Not stated	33
Total	223

Living Cases.

Clinic patients	194
Private patients known to nurse	40
Discharged soldiers and draft rejects known to clinic.....	28
Cases reported to city health office not known to clinic or nurse..	69
Cases reported to county health office not known to clinic or nurse	8
Total	339

Ages of All Known Cases.

Years.	Cases.
Under 1 year	1
1-10	13
10-20	20
20-30	51
30-40	85
40-50	71
50-60	35
60-70	12
70-80	1
Not known	1
Total	290

Occupations.

Baker	1
Boiler Maker	1
Bookkeeper	1
Butcher	1
Carpenter	2
Clerk	5
Engineer	2
Housewife	36
Janitor	1
Laboratory technician	2
Laborer	12
Laundryman	1
Miner	185
Painter	3
Policeman	1
Porter	1
School children	30
Tailor	1
Teacher	1
Teamster	1
Telephone lineman	1
Not stated	1
Total	290

Living Conditions.

Patient lives with family.....	195
Patient lives in cabin.....	5
Patient lives in boarding house.....	67
Patient lives in hotel	1
Patient lives in Y. M. C. A.....	4
Patient lives with friends.....	1
Not stated	12
Patient lives in rooming house.....	4
Unknown	1
Total	290

Present Status.

At present or previously in Galen.....	26
In need of sanatorium care.....	34
Cases living at home	56
Cases living in boarding houses.....	5
Cases living on farms.....	3
Cases living alone	1
Cases living in county hospital.....	7

Cases moved away	27
Working full time	27
Working part time	6
Unable to Work	5
Lost track of	8
Under observation	53
Improving	8
Growing worse	3
Far advanced	16
Not known	5
Total	290

There were 193 patients at Galen during 1919. Of this number 90, or approximately 46 per cent, came from Silver Bow county. The following monthly census gives the total number of patients from Silver Bow county at the end of the same month:

March 31, 1919—total census.....	73
From Silver Bow county	44
May 31, 1919—total census	75
From Silver Bow county	43
September 30, 1919—total census	79
From Silver Bow county	39
December 31, 1919—total census	82
From Silver Bow county	35
April, 1920—total census	64
From Silver Bow county	26

Thirty-eight per cent of all money paid out by Silver Bow county through "Widows' Pension Fund" and "Poor Fund" goes to tuberculosis families.

Butte society employs a doctor, in charge of clinic, and two visiting nurses. Salary of Supervisor Peeples was voluntarily raised to \$2,000 per annum on May first, and that of Assistant Bryce to \$150 per month at the same time.

No. of patients attending clinic.....	706
No. new cases	164
Re-visits	633
Deaths	22
Nursing visits	72
Instruction visits made by nurses.....	1,745
No. of clinics held	153
No. of cases supplied with milk—18 per month or.....	216 yearly
No. of cases supplied with eggs—3 per month or.....	36
No. of cases dismissed	63

Annual Statement of Treasurer for Year Ending Aug. 31, 1919.

Spt. 1, 1918, balance.....	\$1,847.83
Miscellaneous receipts	3,514.67
Cash from state society	2,750.00
Total	\$8,112.50
Less disbursements	6,428.70
Sept. 1, 1919, balance.....	\$1,683.80

Supervisor Peeples has been granted a two months' vacation and Assistant Bryce is handling the work in a very satisfactory manner.

BUTTE TUBERCULOSIS ASSOCIATION.

By CORINNE D. ELLIS, Secretary.

REPORT OF WORK IN CUSTER COUNTY.

On August 17, a "tenderfoot" from Massachusetts arrived in Miles City. This "tenderfoot" had crossed the continent to take the position of demonstration nurse on the staff of the Montana Association for the Study and Prevention of Tuberculosis. She was stationed in Miles City to organize the public health work in Custer county.

It was terribly hot; the contrast between the cool, green hills of Massachusetts and drouth-stricken Montana was almost too great. So it was not surprising that a rather homesick nurse descended from the train at Miles City, when for hours she had been riding through miles of dry, yellow prairie land with only an occasional dry, dusty tree to relieve the monotony.

At the hotel the executive secretary of the Association was waiting for her new nurse and immediately after lunch an automobile party started out to a ranch in the country. This trip was to a roundup of some 500 head of cattle. For the first time in her existence this eastern nurse saw a real cowboy and had the unusually interesting experience of a roundup. Supper was served at the cook wagon on the open prairie. With a background of wonderfully colored hills it was a picture not to be forgotten. This whole experience was most wonderful for this homesick girl who had such a big piece of work cut out for her and helped her to catch and hold her interest at once.

The following day work began in earnest and for seven and one-half months went steadily forward until it was taken over by the county on April 1, 1920.

The work of organizing was conducted through the medium of a survey of health conditions of the county. This survey was in part accomplished through a physical examination of school children in the county, talks to the children and the parents, whenever it was possible to meet the parents.

Reaching the schools was not always an easy task. This work was made possible by the splendid help of the county superintendent of schools, Miss Olive Lovett. Had it not been for her vision of the need for the work the desired results could not have been obtained. The nurse and the county superintendent visited the schools together and shared the fortunes of the road. These fortunes were many and varied and embraced all degrees of being between comfort and discomfort and utter exhaustion.

Gypsyng on the road for meals, riding over rough roads for ninety miles before arriving at the schools to work with the children, digging the car out of the mud and snow and sand, time without number, with a spade if we had one and with our fingers if we did not have a spade. The joy of taking all day trips, which often unannounced developed into two and three day trips, up hill and down dale at 105 in the shade or at 30 below zero. Then the bright spot in all this hardship, the splendid hospitality of the ranches and the cordiality of the people.

This work with the schools brought out some interesting facts. The number of remedial defects, i. e., adenoids and tonsils (enlarged and diseased), defective teeth, eyes, ears, bad posture, were in about the average condition that is found in country children all over the United States where no medical inspection of school children is organized. There were 636 children examined and 1,285 defects found. The following is a table of the result of this work:

No. pupils with diseased tonsils.....	413
No. pupils with defective eyes	164
No. pupils with defective hearing	17
No. pupils with defective teeth.....	316
No. pupils with enlarged throid.....	8
No. pupils with orthopedic defects	39
No. pupils who are mouth breathers.....	191

No. pupils that have defective hearts.....	12
No. pupils who have faulty nutrition.....	138
No. pupils who have earache	19
No. pupils who have headache	135
No. pupils who need dental care.....	87
No. pupils who drink tea and coffee.....	319
No. pupils who own a toothbrush.....	465
No. pupils who use toothbrush daily.....	235
No. pupils with bedrooms ventilated every night.....	319
No. low grade mental defectives.....	5
No. pupils excluded for contagious diseases.....	6

The room crowding is almost unbelievable; almost no houses have more than two rooms and a large number of the houses are one-room shacks. Almost all the families have two or more children and it is mostly more. The condition of the homes is due to lack of funds.

The posture of the girls and boys in the country schools is most defective; this is in part due to the mode of seating and to the fact that the children are growing up without any attention being paid o physical education. Then the children are growing so rapidly that they seem to be able to take the place of a man or woman on the ranch. This results in the children being allowed to do too hard work for their strength and consequently bad posture results.

Handkerchief drills were given in all the schools. A plain paper napkin was furnished each child. Then to cover up a cough and sneeze was first demonstrated by the nurse and then acted by the children. They loved it and the story that went with it. The proper method of blowing the nose was also taught them.

The modern health crusade was explained, demonstrated and actively installed in most of the fifty schools in Custer county. The children were so interested in this game and really did work hard at it. Four schools won pennants in the state tournament.

Corrective physical exercises were given to the children and the attention to this side of the school work was emphasized by the nurse and by the county superintendent. Special attention was given to the children who were developing curved spines from bad posture and other causes. The bad seating was corrected as far as possible by adjusting the seats and desks to the children, by placing boxes under the children's feet and by fitting the children to the seats and desks. Ten of the worst of these bad posture people, some the results of infantile paralysis, were examined and treatment recommended by Miss Marion L. Fox, educational secretary of the Child Welfare department.

These children in the country districts in this county, and it is probably true of the entire state, need so much. They have never been considered it would seem and they show very plainly the neglect. The development of the country has been wonderful and undoubtedly due to the hard work and vision of the pioneers, but somewhere the right of the children to the advantages due them has been lost. It is time that these conditions were remedied.

In a section of this county there are children who do not know how to play. Of all sad things in this world the saddest is a playless child!

Some of the health work was given to the children in story and play form. The response of these children, who are not used to being considered so very much was reward enough for all the discomforts of reaching them.

Plans for a clinic for the corection of physical defects were discussed for months and finally a possible plan was evolved. However this was not established until the work was taken over by the county.

Another phase of this survey work was the tuberculosis situation in this county. The vital statistics for the period between January, 1915, and June, 1919, showed the total number of deaths from tuberculosis to be twenty-six. The total number of reported cases during the same period was twenty-seven. But of the number of deaths only seven out of a total of twenty-six had been reported. Using Dr. Armstrong's method of estimating the number of living cases there are in Custer county about 110 living cases. If these cases were found, examined and found to be in need of treatment there would be no place to treat them in this state. Two people were found, both county charges and without homes, and for four months they had to stay in the Miles City hospital, waiting to be admitted to Galen. One of these people with a good chance of recovery contracted "flu" and died of pneumonia before admission to the sanitarium was possible. Of the other cases of tuberculosis many have to go out of the state for treatment. This is expensive and only possible for people of means. Then, too, because of distances from family and friends not the best treatment for the tuberculous people. During the time of the survey twenty new cases have been reported and fifty-five home visits made, three have died, three have been sent to sanatoria, and suitable employment has been found for an arrested case.

The need of a sanitarium in eastern Montana had been seriously considered by the six counties surrounding Custer county. All this health work has been slow of development because of the scarcity of money due to three years of crop failure. The people see the need and want it all, but the money is a serious handicap. The country around this vicinity has depopulated rapidly during the winter. All this tends toward cautiousness in developing new things. The vital statistics between 1915 and 1919 show other interesting things. During this period there have been 151 births, and 121 deaths of babies under one year of age. About 12 per cent death rate. The prevalence of communicable diseases from January, 1919, to June, 1919, was very high.

The control of sanitary conditions in the town and in the county are really inadequate. Very little is known of the milk supply and the sewage disposal does not meet the needs of the town.

The nurse co-operated with the Red Cross in helping the rejected men, the returned tuberculosis soldiers and in getting information to the returned men in the country.

During the "flu" period this spring the nurse gave her time to the community to take charge of the "flu" work, doing the home visiting and instructing and co-operating wherever her services were needed.

In the Custer county high school there is a department for training rural teachers. In the state course of study there is a course mapped out on hygiene and physiology. After a discussion with the head of this department it was decided that the nurse should go over the course of study on these subjects with the future teachers.

The object of this work was to give the new teachers a vision of what it would mean to their future pupils if they enthusiastically and understandingly encouraged health through the teaching of the things outlined for them as part of their work. It had all to be crowded into five lessons, however a place was created so that this work on an extended scale will be carried out with the class next year.

About 180 conferences were held in the interest of this public health work. A publicity campaign was carried on during six months of this time, films were used, literature distributed, newspaper articles written and published as to the progress of the work and its needs and on general health topics.

At talks given at church affairs, at community meetings, before clubs and lodges, to the city and county officials, to the school boards, the doctors and the chamber of commerce, the facts gathered by this health survey were presented to the organized bodies and the citizens of the county.

Through the splendid co-operation of all these bodies and people, through the interest and understanding of the county commissioners, the county health officer and the county superintendent of schools, Miss Olive H. Lovett, the county nurse has become a permanent feature of Custer county.

Respectfully submitted,

GERTRUDE HINES.

Any father or mother who has lost a child from communicable disease should make a pledge over the coffin of that child to enlist in a never-ending warfare against the unnecessary sacrifice of human life. Your neighbor's baby is just as dear to him as your baby could have been to you.

REPORT OF WORK IN CASCADE COUNTY.

In January, 1920, I took up public health nursing in Great Falls, under the direction of the Montana Association for the Study and Prevention of tuberculosis.

I was not assigned to any definite piece of work for Mrs. L. J. Reid, the new supervisor of public health nursing was soon to be in the field.

A desk was gratuitously given me in the office of the Red Cross, which was my headquarters.

I first endeavored to meet influential people of the town and people interested in public health problems, outside of the doctors. I found cooperation and secured the good will of all whom I met, and every one wished me success in my work for the need was realized by many to be great.

The modern health crusade material was distributed in the rural and urban schools and in the orphanage in Great Falls.

Several instructive visits were made to tuberculosis patients and bedside care given to twelve cases. Several infant welfare visits were also made.

During the influenza epidemic all work was stopped and bedside care given to "flu" patients.

Then in the beginning of February, Mrs. L. J. Reid arrived and gave me a definite outline for work, which was to make a tuberculosis survey in Cascade county, the close of which revealed for the past four years:

Positive cases	88
Suspected	77
Deaths	26
Anaemic school children	13
Total	204

By the way, these statistics were roughly estimated, a thorough survey with examination of the patients, would reveal many more positive cases. A number of suspected cases would become positive and others would be discovered.

Sizing up the general condition of the county, the foreign element, in the coal camps, Stockett, Sand Coulee and Tracy, showed up to need educational work and training along sanitary lines more than any other district in the county.

The population of these camps is mostly composed of foreigners. Their houses are small shacks with about four rooms, and there are from six to ten children in almost every family. An open window is practically unknown. The houses are constructed close together, and each house has an outside toilet, which is scarcely ever known to be cleaned. The water supply is gotten from open wells, without covers and open to seepage. Everybody's bucket, whether clean or dirty, goes into the same well and the rope and hook are handled by everybody's hands, whether clean or not.

There are no dairies and no milk supply except from a few individual cows. The milk is delivered in tin pails.

One doctor named twenty families who had frequent colds, sore throats and swollen glands. These families do not believe in ventilation and live in crowded quarters. Besides their own large families with from six to ten children, a number of them have from two to four roomers and boarders. He felt that diagnosis would reveal tuberculosis in these families and expressed the dire need for a public health nurse in these communities. Another doctor stated that there were as many families in his district needing training along sanitation and health rules.

Therefore, upon rendering this report to Mrs. L. J. Reid and Mrs. S. E. Morse, executive-secretary of the Tuberculosis Society, it was decided that I concentrate upon these communities and continue and follow up the work of Miss Helen Young, the county nurse.

The first of April I moved to the coal camps and remained for two months. Living conditions were not the most comfortable, but survived very nicely. Being almost a native of Montana, and withstanding the perils of war for two years, the unpleasant housing conditions and mud did not interfere.

I begun work in the schools, examining the children, the schools acting as an entering wedge into the homes. Upon examining 693 children, 684 defects were found. Of these were:

Defective eyes	57
Defective ears	12
Defective teeth	319
Defective tonsils	249
Nasal obstruction	47
Total	684

The splendid co-operation of the superintendent of schools, Mr. J. E. Young, and the teachers, made teaching hygiene and intensive work on personal cleanliness possible. They felt that having a nurse on the job in the schools a great load was lifted off their minds. Thirty-one talks were given to pupils in class and nineteen room inspections of pupils for cleanliness and contagion were made. After each room inspection, a short talk was given on "how to wash the head," "how to take a bath," "care of the teeth," "care of the nails." One thing each time. Always expecting the nurse to inspect was an incentive to the pupils to keep clean. Some children came to school immaculate and others just the opposite. Many of these poor little urchins did not know what it meant to take a bath and wash their heads.

Pediculosis was not missing. Whenever such was found, or nits, a visit was made to the homes and the mother instructed as to how to get rid of them. Some mothers stated they were glad to know what to do to get rid of them. These children were inspected weekly for live pediculosis and nits.

Two hundred and fifty-five home were visited and the parents advised of defects found, and to the surprise of many. I was received kindly into the home of all. This afforded an opportunity to note home conditions and now and then seed was sown along the lines of ventilation, cleanliness, proper food for children, care of babies and general health problems.

In several instances an interpreter was needed, for every language found in Europe is used in these communities. Frequently calls were made evenings when the husband was at home or an older son who could speak English.

The difficulty of getting around these scattered places hindered and necessitated a ten-hour day or more, when depending upon the stage for transportation. Nevertheless, there was a word to be said, or work to be done, whether waiting in the cold and rain, or elsewhere for the delayed stage from muddy roads, or automobile troubles. It was almost impossible to climb up and down the side hills in the mud and snow during the month of April.

The babies in these communities survive but I wonder how. One little mother of seventeen was reported to me as having a baby needing care. The kind neighbors all said the babe would not live. Upon the first visit I found a pale faced baby with staring eyes and a brown crust completely covering the top of the head. After talking with the mother a short time I found the baby had not had the top of his head washed for three months. The mother was afraid to wash it, thinking it was sore. I asked her if she would mind having me bathe the baby. She said "no" and seemed rather pleased to have me help her. She watched every move I made to the oiling of the top of the head and dressing the baby. I could not find room for all the odd pieces of clothing she gave me, so left them off. I instructed her to wash the baby every day, head and all, and to oil the head every day until the crust had disappeared. I told her I would return in one week to see how she was getting along. I returned only to find the baby with the crust on the head completely gone and a bright, shining baby. The little mother was no more afraid to bathe her baby and when leaving this time, she loaded me down with as many rosy apples as I could carry, as an appreciation of my work. A weekly visit was made to this home and when leaving the town, this baby was as nice as any baby you would care to see, and the kind neighbors said: "Had not the nurse come the baby would have died."

The Modern Health Crusade was followed up in the schools by Miss Helen Young, the county nurse, and the sending out of pins and clerical work was taken care of by Miss Harriet Carrier in the Home Service office. The rural schools responded splendidly to the movement. The children took great interest and did very good work. The letters and reports from the teachers proved the work to be a success.

About one thousand copies of literature given out by the State Board of Health, State Tuberculosis Society and the Metropolitan Life Insurance company, were distributed to individuals.

The women all have the company doctor for confinement, but after the doctor leaves, they receive very little care outside of what the husband is able to give them after work hours. In one case a boy in the eighth grade was forced to stay out of school when his mother was confined. He was all the help the mother had to care for herself and five smaller children. As a rule, they are out of bed on the third day and doing the work on the fifth day.

The over-crowding of the schoolrooms and bad ventilating system, especially in Sand Coulee, is anything but invigorating to the health of the pupils and inductive of learning.

The moral conditions of these communities are most degrading. I was asked by the teachers to talk on social hygiene to the older girls, which I took the opportunity to do.

The 27th and 28th of June I was in Poplar, Montana, assisting with the Child Welfare Clinic. Forty-five children were weighed and measured and examined by the doctors. Valuable instructions were given the mothers and an abundance of literature on child care.

During the last few weeks, I had the pleasure of seeing some results from the work. Dr. R. A. Thon, a dentist from Great Falls, very kindly visited our schools and fifty children had teeth extracted, besides appointments made for other work needed. At least fifty children will return to school with clean mouths.

The dentist took with him a very simple equipment and worked in a small room in the school building during school hours, taking one room at a time. Very little disturbance was made with the school work. Individuals paid for their own work and any who could not afford were cared for gratis. Heretofore, none of the children had had dental work done, and it was thought having a dentist in the school would demonstrate dental work and in this way educate the people to the need of dental work. The dentist working in a two-fold measure, treating teeth and educating the people to the value of a dentist.

Two children had glasses fitted. Four children had tonsils and adenoids removed. Being so near the end of the school term, it was not considered advisable to keep the children out of school to have these defects removed. Any number were planning to have defects removed during vacation. Much work remains for the next nurse going into this field, and it is hoped that the interest aroused is sufficient to put on a nurse in the near future.

Respectfully,

DORA MECKLENBURG.

Ike Lark is sick an' without funds, so his doctor has advised him t' go t' Arizony.—Abe Martin.

PROCLAMATION BY THE GOVERNOR.

It is above and beyond dispute that "good health is the foundation upon which reposes the happiness of the people and the strength of the nation." It therefore follows that the nation or state which fails to employ adequate safeguards against the invasion and ravages of disease must inevitably suffer and fall short of the secure position otherwise within its reach. There must be unending warfare against conditions that promote the diseases to which human flesh often falls victim. It is gratifying to record that the public health officials of state and nation are giving increasing vigor each year to the battle against the common enemy, disease.

A campaign has been inaugurated by various social welfare organizations for the observance of a week in December, set apart as a time to emphasize the necessity for improvement in general health conditions and the promotion of these things which go to make for the sanitation, well-being, comfort and happiness of our people.

Therefore, I, S. V. Stewart, Governor of the State of Montana, do hereby designate and set apart the week beginning December 5th, 1920, as Health Week in this state.

It is urged that all business, social welfare, church and school organizations co-operate in the observance of the program that will be suggested for the week, to the end that a more intimate knowledge of

the rules of health and hygiene may be generally disseminated and that a high standard of physique of our people may be maintained and perpetuated.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State to be affixed.

(Seal)

DONE at the City of Helena, the Capital, this the twenty-seventh day of October, in the year of our Lord one thousand nine hundred and twenty.

S. V. STEWART.

By the Governor:

C. T. Stewart, Secretary of State.

GENERAL PROGRAM FOR HEALTH WEEK.

A. Public Activities.

1. Rotary Club and Chamber of Commerce.
 - (a) Evening meeting by each.
 - (b) Appointment of committees to assist other districts.
 - (c) Business program with report of committees.
 - (d) Personal activities of members.
2. Civic Organizations.
3. Churches.
4. Moving Pictures.
5. Boy Scouts, etc.
6. Advertising.
7. Red Cross.

B. Schools.

1. Elementary School Program.

Short talks by teachers:

 - (1) Monday—Value of Play.
 - (2) Tuesday—The Sanitation of the Home—Open Windows.
 - (3) Wednesday—The Fly and Mosquito.
 - (4) Thursday:
 - (a) The Meaning of Anti-Tuberculosis Christmas Seals.
 - (b) Transmission of Respiratory Diseases.
 - (c) Spitting—Coughing.
 - (d) Drinking Cup.
 - (5) Friday—The Intent of the Modern Health Crusade Chores.
2. High Schools and Colleges.

Short talks by instructors:

 - (1) Monday—Home—Sanitation.
 - (2) Tuesday—Ventilation—Open Air.
 - (3) Wednesday—Teeth and Tonsils—In Relation to Health and Disease.
 - (4) Thursday—Respiratory Diseases and the Meaning of the Anti-Tuberculosis Christmas Seals.
 - (5) Friday—Efficiency—Need of Physical Examination.

DETAILED PROGRAM FOR ROTARY AND COMMERCIAL CLUBS.

Proposed by the Montana State Board of Health.

At the Atlantic City meeting, International Rotary agreed to include in its annual program the setting aside of one week each year to be observed and known as Health Week. That such a week may uniformly be observed in Montana by Rotary and Commercial Clubs, it is suggested that all clubs in Montana observe the week of December 5th to 11th. This week has for some years been designated as National Health Week, and the date set is in accordance with a fairly well established custom.

For guidance, the following outline is suggested. As will be observed, it is divided into two parts, these being Club Activities and Personal Activities of each club member.

Club Activities.

1. That the regular weekly meeting shall be devoted entirely to a health discussion program. This will include a report from the following committee appointed one month in advance.

(a) A committee to report on the Vital Statistics of the city and county and to furnish comparisons of birth, death and disease rates with other cities and counties throughout the state and the United States.

(b) A committee to report on the efficiency of the city and county health offices, on the amount of expenditures made by the city and county for public health purposes and the feasibility of improvement of these departments.

(c) A committee to report on the purity and methods of protection of the city water supply, of the manner of sewage disposal in use in city and adjacent rural districts, and suggestions for improvement.

(d) A committee to report on the methods in vogue for regular inspection of places where food and milk are sold, and for the improvement of protection of these supplies.

(e) A committee to report on the methods employed by local officials for the suppression of venereal disease.

(f) A committee to report on the prevalence of tuberculosis in the community, activities of local agencies for prevention and control of the disease, and the available city or county institutions for the care of cases.

(g) A committee to report on the organization, aims, activities and needs of the State Board of Health

(h) A committee to insure the distribution of health literature to each club member.

(Note: For the guidance of committees to the end that all reports shall be uniform, brief and pertinently directed, the State Board of Health will furnish questionnaires, blanks, and full information as to the scope of investigation. In return the State Board of Health requests that it be supplied with copies of all committee reports. The State Board of Health is also prepared to furnish bulletins and literature on all health topics. Emphasis is placed on the recommendation that health officers themselves should be omitted from committees. Placing them on a committee puts them in an embarrassing situation of having to criticize or commend their own work.)

2. That each club will hold one public health meeting on one day or evening during the week, to which the public is invited. The club will secure a speaker to present an address on some topic of public health.

Personal Activities.

1. That each club member will make a sanitary survey of his own premises and adjacent block to learn the immediate health hazards to which his family and his neighbors are subjected.

2. That each club member will secure (if not recently attended to), a dental inspection for himself and each member of his family.

3. That each club member will secure for himself and each member of his family a thorough physical examination. (Children in the family can at least be subjected to weight and measurement tests, and the simpler methods for ascertaining defects in vision, hearing or obstructions of the air passages. Adults require more thorough examination for the early detection of possible organic lesions, including the taking of blood pressure, urinalysis, blood examination, careful examination of heart, lungs, etc.)

(Note: Holders of life insurance policies can usually obtain one annual physical examination at the expense of the company, an opportunity not to be neglected. The State Board of Health offers the aid of the hygienic laboratory free to any physician making these examinations. The State Board of Health will also furnish to all parents charts showing standards of physical measurements of children.)

The aim of the observance of this week by clubs is not only to emphasize to each member the humanitarian aspect of personal good health but also to impress upon members as business men, the value of community good health as a financial asset.

The program as suggested is believed to be practicable and will demand a minimum of energy and time. For clubs who may wish to enlarge upon it the following may be adopted in part or as a whole:

(1) On Sunday, December 4th, every clergyman in the city will be requested to deliver one sermon or address on a public health topic, or if he prefers, to invite a professional man or other speaker to occupy the church service with an address. All facts and literature for such addresses will be prepared and submitted by the committee.

(2) During the week, the movie shows or other public gatherings will be requested to give time on each program for a four minute speaker. Data and talks will be carefully prepared and furnished by the committee.

(3) The committee will endeavor to secure public health films for all movies, to be run in addition to the regular showings.

(4) The Board of Education will be requested to devote a large part of the regular school schedule during the week to the teaching of health and personal hygiene. Teachers will be furnished with literature and a uniform program of lessons will be prepared by the committee.

(5) Merchants should be requested to devote a part of their weekly advertising space in local papers to accentuation of good health and observance of hygiene. Outlines for such will be furnished by the State Board of Health. Window displays can also be used to advertise the sanitary merits of certain lines of merchandise. The shoe man can emphasize the merits of common sense shoes for children and grown-ups; the hardware man, the value of seeking ventilation when purchasing a furnace; the plumber, the merits of sanitary plumbing; the electric fixture store, the need of proper lighting; the grocer, the sanitary care or nutrient value of foods; the dry goods merchant, the hygienic features of various lines of underwear, etc. Various features will suggest themselves.

(6) Clubs can encourage observance of the week in schools by various methods:

(a) To accentuate oral hygiene, through co-operation of all dentists, there may be given one or more free clinics for dental examinations, the clubs seeing that provisions are made for furnish-

ing free or at nominal cost dental treatment for all children who may not be able to pay full fees. Arrangements may also be made for distribution, either free or at actual cost, of a tooth brush to each child who does not possess one.

(b) Prizes may be offered to school children for the best essay, cartoons, or posters pertaining to the prevention of disease or promotion of sanitation. In event tuberculosis is selected as a topic, the State Tuberculosis Association has expressed its willingness to finance such contests. Prizes need be very nominal, for children are often contented with a certificate, honorable mention in local newspapers, etc. Similar contests may be arranged for manual training school pupils for models of outdoor sleeping porches, tents, pavilions, etc. Domestic science pupils may be thus encouraged in submitting menus containing properly balanced nutrient values.

(c) Clubs may finance during the week the service of warm noonday lunches, under direction of domestic science departments of high schools or of county demonstration agents, in the schools. This is of particular value in rural schools which may adjoin the city, since many of these schools are not equipped for such service, or have not appreciated the need of such equipment and service.

(d) Through co-operation of local and county health departments and physicians, arrangements can be made for free clinics, whereby those who desire may secure free vaccination against smallpox and typhoid fever. The State Board of Health will furnish further information on this point.

Other outlines will suggest themselves, the whole idea being to focus attention by these special programs of every individual in the community, and particularly of children whose minds are receptive and retentive, upon the value of good health and the fact that good health depends upon individual as well as community action and habit.

Since this is a community program it is assumed that all agencies, such as the public health department, chambers of commerce, the local chapter American Red Cross, the Salvation Army, church and civic clubs will be glad to lend a hand to make it a success. It is suggested that the foregoing program be divided among local organizations, each undertaking some especial feature. A joint central committee of a representative from each body can see that programs do not overlap or conflict.

Just a word of warning. Pneumonia is contagious. It is spread from person to person. It gets started while your system has its "hands full" from such conditions as BAD AIR, POOR VENTILATION, overwork and exposure.

If your Health is worth as much as your Business, why not give it as much attention?

*DAIRY LAW ENFORCEMENT IN ITS RELATION TO TUBERCULOSIS.

By DR. W. J. BUTLER, State Veterinarian.

H. D. Chadwick, M. D., superintendent, Westfield State Sanatorium, in Volume 7, No. 1, of the "Commonwealth," states:

"Tuberculosis affects mankind differently according to the age period. In infancy it is a generalized disease; in childhood it assumes a glandular type; and in adult life the pulmonary is the usual form. Adult tuberculosis is but a later stage of the glandular and peribronchial disease in children. Tuberculosis, therefore, should be considered one of the common diseases in childhood, and suspected in every child that seems debilitated or has obscure symptoms. * * * *

"Nearly all children before they reach sixteen years of age have at some time taken into their bodies tubercle bacilli, either through the air or food; that is, they have become infected and are potentially tuberculous. * * * *

"Do not, however, expect to find a positive family history to account for every tuberculous child, because in 34 per cent of 200 of our cases no direct exposure to a recognized consumptive was acknowledged. * * * *

"The pulmonary disease of adults is due to the lighting up of the tuberculous focus which has been quiescent since childhood."

Louis Cobbett in his masterful presentation of "The Causes of Tuberculosis" states:

"Tuberculosis is more fatal in infancy than at any other time of life and most of all in the latter part of the first year. In 1911 the deaths from tuberculosis in the first year formed 6.3 per cent of the total for the whole life; those in the second year 5 per cent and those in the first five years taken together 16.7 per cent. * * * *

"The distribution of this mortality throughout these five years is shown in the following table, from which it will be seen how greatly it is concentrated into the eighteen months which immediately succeed the first half year of life":

Table No. 1. Number of deaths at different age periods in early life. 1911:

	—Months—				—Years—				Total	Total
	0-1	1-3	3-6	6-12	0-1	1-2	2-3	3-4	under	all
Pulmonary tuberculosis†	8	16	63	219	306	356	198	138	123	1121
All other kinds	33	374	916	1724	3047	2284	1183	721	521	7756
Total (all kinds)	41	390	979	1943	3353	2640	1381	859	644	8877
										53,120

†Pulmonary tuberculosis (not acute.)

Time will not permit of a discussion with reference to the susceptibility of the human family to bovine tuberculosis. Several years ago it was stated by Koch that the human family was not affected by bovine tuberculosis. This statement has been refuted by the British Royal Commission and by different workers in the United States, also by German investigations.

To substantiate the fact that the human family is susceptible to bovine tuberculosis I have abstracted the following table from Cobbett's "Causes of Tuberculosis."

Table No. 2:

*Paper read at Second Annual Meeting, Montana Public Health Association, July 12th and 13th, 1920, at Helena.

Locality. Authors.	Adolescents and adults, 16 years and over			Children 5-16 years			Infants under 5 years		
	Type of bacillus			Type of bacillus			Type of bacillus		
	Human	Bovine	Pct.	Human	Bovine	Pct.	Human	Bovine	Pct.
Germany—									
Gesundheitsamt in 1907.....	2	.....		4	3		6	3	
Burckhardt	5	.....		3	1		.....	.....
Total	7	.....		7	4	36	6	3	33
U. S. A.—									
Lewis	5	1		2	7		.....	3	
Park and Krumwiede.....	9	.....		19	8		6	13	
Total	14	1	6.6	21	15	42	6	16	73
England—									
Royal Commission .....	.....	.....		5	2		1	1	
A. S. Griffith (English cases)	18	6		12	9		.....	6	
Total	18	6	25	17	11	40	1	7	87.5
Scotland—									
A. S. Griffith (Scottish cases)	1	2		3	7		1	3	
Mitchell* .....	.....	.....		4	26		3	39	
Total	1	2	66	7	33	84	4	42	90

*Mitchell gives his results as follows: Children 5 to 12 years of age—Human bacilli 4, bovine bacilli 30; children under 5 years of age—Human bacilli 3, bovine bacilli 35.

It would appear there is a criminal sanitary neglect somewhere. When we take into consideration the fact that the greatest mortality is during the milk drinking period and also that bovine tuberculosis predominates in children, we are compelled by reason of deduction to admit that we are either woefully ignorant or careless in our sanitary supervision over our market milk supply.

It has been said in speaking of tuberculosis, "build up resistance in children so the adult may reap the benefit." It would seem much more humane and much more scientific to prevent tuberculosis in children so that the disease may not make its appearance in the adult.

It is not to be understood that we should not drink milk. Milk is probably the best balanced ration of any single food. It contains vitamins essential and necessary for body growth and health. Milk is such a wonderful food that its production should be given every sanitary protection so that it might be more generally used as a health food.

In the past more attention has been paid to the cream line and the total solids than has been paid to the bacterial count and healthfulness of the milk. So many of us think that because milk is rich in cream that it must be healthful and that when milk is blue that it must be unhealthy. That is a decided and very grave mistake. Many of the richest milks I have ever seen were dirty and most unhealthful. In fact part of the total solid contents was bacterial. The cream line has

nothing to do with healthfulness of the milk. The healthfulness of the milk from an infectious disease standpoint depends entirely upon whether or not that particular milk contains disease producing organisms.

We would not think of buying crackers in bulk. They are now sold in air tight packages, but milk in many sections may yet be bought in bulk and milk in bulk is generally exposed to dirt and contamination.

We cannot expect to purchase clean wholesome milk produced by healthy cattle as cheaply as we may buy dirty contaminated milk, produced under insanitary conditions. It costs money to produce clean milk.

It is not to be expected that all milk will be clean and wholesome until the milk drinking public demands that only such milk be produced. It is the duty of mothers and fathers to see that proper laws and regulations are promulgated so that only clean uncontaminated milk is produced and given to their children. The person who has passed the period of adolescence is not subjected to the danger that infants are subjected to. Infants cannot protect themselves so it is the duty of every grown citizen to assist in their protection.

Under our present regulations it is the fat contents and total solid contents that count. Clean milk has to go on the market in competition with dirty milk. There is no incentive for a man to produce strictly clean, wholesome milk when he has to sell that milk in competition with milk which could not grade with his.

The standard of milk should be its bacterial count. It should be divided into three classes:

Class No. 1.

Certified milk, which should not contain more than 10,000 bacteria per c. c. and should not be more than 12 hours old when delivered. This milk to be produced from cattle free from tuberculosis and from all other communicable diseases.

Class No. 2.

Inspected milk. This term should be limited to clean raw milk from healthy cows, as determined by the tuberculin test and physical examination of a graduate veterinarian. This milk to be delivered in sterilized containers and to be kept at a temperature not exceeding 50° F., until it reaches the consumer. It should contain not more than 100,000 bacteria per c. c.

Class No. 3.

Pasteurized milk. This would be milk from dairies which do not comply with the requirements for classes one and two and should be pasteurized by the holding method before being sold and should be sold under the designation of pasteurized milk.

To properly provide for the supervision of these regulations all work pertaining to dairy supervision and the production of clean and wholesome milk should be under one department and the head of that department responsible for the carrying out of the provisions of the law and sanitary regulations.

Before closing I desire to state to you that Montana is well in the lead in the eradication of bovine tuberculosis. We were the first state to carry on a systematic eradication of bovine tuberculosis. The law requires that all dairy cattle be tuberculin tested once a year. The law is carried out to the best of our financial and physical ability. Where an animal is found tuberculous it is destroyed and the owner receives the full assessed value in indemnity. This indemnity is not paid by the general public, but is paid by the stockmen of Montana themselves.

With proper assistance and co-operation I am very confident that within the next seven years bovine tuberculosis in the state of Montana will practically have been eradicated.

With the eradication of bovine tuberculosis and with the proper sanitary provisions governing the production of milk, I am confident that tuberculosis in children under five years of age will be reduced by 50 per cent.

References:

- Causes of Tuberculosis—Louis Cobbett, M. D.
Commonwealth—Vol. 7, No. 1.
Solution of the Milk Problem—By Geo. Lloyd Magruder, M. D.
Hygienic Laboratory Bulletin No. 56.
“Milk and Its Relation to the Public Health.”
Bulletin No. 1 of the U. S. Dept. of Agriculture.
“Medical Milk Commissions and Certified Milk.”
U. S. Dept. of Agriculture Bulletin No. 585.
“A Guide for Formulating a Milk Ordinance.”
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*PHTHISIS AND PHTHISIOPHOBIA.

By C. E. K. VIDAL, M. D.

Supt. State Tuberculosis Sanitarium, Galen, Montana.

Following clerical custom I wish to take a text. It is from the reply of Dr. Edward Baldwin to Mr. Chindholm at a hearing of the Public Buildings Committee of the House of Representatives, at Washington, D. C., on February the fourth, last. Mr. Chindholm had been inquiring of the doctor as to the possibility of caring for the tubercular soldier at home, and Dr. Baldwin replied: “With the present attitude of the people he is very apt to be made a leper.”

Having conceded for the sake of argument that Dr. Baldwin is an unquestioned authority and that his interpretation of public sentiment is correct, the purpose of this paper is to try and discover whether scientific or sociological facts justify such an attitude.

As I am addressing an audience of busy general practitioners whose reading on specialized subjects must of necessity be somewhat circumscribed, a brief summary of the present status of the tuberculosis question might not be inappropriate.

The modern student of the subject seldom goes further back than Villemin, who in 1865 demonstrated tuberculosis to be transmissible, and Koch, who in 1882 isolated the infective micro-organism. The bacillus is a parasite in the full sense of the word, living and thriving only in the bodies of animals and man. It is acid-fast; is usually surrounded by a capsular substance; has no spores, and thrives best at the temperature of the human body. It is thoroughly and efficiently destroyed, under all circumstances, by five minutes' boiling. It is also destroyed by sunlight, which possesses the power to decompose the fatty substances in the bacilli.

While very vulnerable to sunlight, it may retain some of its pathogenicity as long as five hundred days, if kept in the dark and at a low temperature. Of the four varieties, human, bovine, avian and reptilian, the last two may be disregarded for the purpose of this discussion. The bovine bacilli are more difficult to cultivate than the human, and appear straighter, thicker, and more evenly stained.

*Paper prepared for Second Annual Meeting, Montana Public Health Association.

Fishberg, Page 28—The human type is found in the vast majority of human cases. Adult pulmonary tuberculosis is practically exclusively caused by it. Koch's statement that the bovine bacillus is not pathogenic to man has not been sustained, but infection by it has been proved to occur almost entirely in children under sixteen years of age and to be selective of glandular and joint structures rather than pulmonary. Furthermore, it usually pursues a favorable and benign course. Infection with bovine tuberculosis in infancy cannot be held responsible for phthisis in the adult.

So far it has been found impossible to isolate a true toxin from the tubercle bacillus. Tuberculous poisons appear to be part of the living protoplasms of the bacillus and to be liberated only after the death of the latter. Tuberculine hence is not a true toxin, but a pure endotoxin. The three portals of entry are by inhalation, ingestion and inoculation; none of these are alone sufficient to adequately solve all the problems presented by tubercular infection.

The trend of opinion at present seems to be to minimize the responsibility of infection by inhalation. The respiratory tract is well protected, the bacilli cannot enter the lungs with ease, and should they do so under normal conditions they are well cared for by the extensive lymphatic apparatus with which the lungs are supplied.

Journal of A. M. A., April 27, 1920—Cumming's conclusions are that this method of infection should be regarded as minor rather than major and stresses eating utensil transmission as the chief culprit.

Following this line of thought one may pause to condemn common wash basin and bath tub as it exists in the bathroom of the ordinary city dweller, to say nothing of the cheaper hotel and boarding house. In this respect we might be better off to return to the familiar wash bowl and pitcher of our childhood.

The theory of hematogenic infection after ingestion seems a reasonable one; the experiment of Calmett is particularly instructive. Dry or moist bacilli introduced into the trachea by inhalation or insufflation, were found never to reach beyond its bifurcation. Lamp-black introduced into the stomach through a tube soon produced an anthracosis and tubercle bacilli similarly introduced invariably produced an apical pulmonary tuberculosis.

The predisposing factors are: racial, familial and environmental. Following the fashion of recent years which tends to belittle heredity and glorify environment, the hereditary factors of the disease have been disregarded. Personally I believe that the pendulum has swung too far in this direction. Infectionist purists explain all fact of adverse family history by direct infantile infection, but there is more to the subject than can be so explained.

As our knowledge of immunity and infection increases we are impressed with the possibility, almost indeed the probability, of the inheritance of some inherent errors of metabolism which interfere with the normal resistance of the individual.

Regarding relation of age to infection, it may be stated that under the age of three, there is a marked susceptibility with a high percentage of both morbidity and mortality. From three to six we still have marked susceptibility but lessened morbidity, while from six to sixteen we have the powers of resistance at their maximum, with morbidity and mortality exceedingly low. In fact some writers have gone so far as to apply the term, "benevolent infection" to those acquiring tuberculosis in later childhood. When the age of sixteen has been attained, the only question on which authorities differ is, whether as low as 70 per cent or as high as 95 per cent of the total number have been infected.

From this data comes the question, the answer to which has a tremendous bearing on the problem of prophylaxis. Does adult phthisis develop from the lesions acquired in infancy or is it due to a second infection immediately before the onset of the disease? Clinical data all point to the former conclusion. The low incidence of marital phthisis; the absence of any increase among sanatoria attendants; the fact that non-tubercular patients sometimes remain in these institutions for months without bad results is all supportive evidence. Army experience showed that active infection of one soldier by another was not the cause of tuberculosis. To quote Osler, "The germ enlisted with the soldier."

Stewart, A. R. of T., March, 1920—These conclusions seem justified. Tuberculosis is a disease acquired in childhood. Phthisis is but the last verse of the song, the first of which is sung to the infant at its cradle. Childhood is the usual time of implantations, the seed time; in adult life the harvest occurs. Lowered resistance and breakdown, **NOT INFECTION**, sets the date for the onset of the disease in adult life. Adult phthisis is not the result of direct infection but of the lighting up of old foci. The tuberculosis problem is not an ordinary problem of contagious disease.

In light of these remarks the following correspondence is self-explanatory:

Dear Dr. Vidal:

I am writing you a few lines to see if you can take me back to the sanitarium. I cant make it stick. After I came home I stopt with Jim Sherman for a while so as I could look for a job. He and his wife sure treated me fine, and after a couple of weeks they took me on as a checker in the McCain warehouse. I'll tell you thirty a week looked good to me.

You know I dont cough much and am always careful to use the papers the way you told me to, but the other fellows looked at me kind of suspicious like. After two weeks the foreman says to me, "Say Jim, were you up with the lungers at Galen?" Of course I had to tell him "Yes," but he didn't say nothing more, so I forgot it.

When pay day came they told me to stop and see the manager after I got my check. He says, "....., your work's first class, and I am sorry to lose you, but the boys wont work with a lunger, they say its catching, so you'll have to go.

Say Doc, that was pretty tough, and me so careful all the time. Jim tried to cheer me up, but it was a long night. Things looked better in the morning though, and I said to myself that McCain's wasnt the only place to work. But I didn't find nothing; there was a lot of strikes on. After a week tramping round I got pretty downhearted. It was getting cold and I had to blow most of my money on new shoes and an overcoat.

Then that night Jim came up to my room when I was getting ready to hit the hay, and he says, "George, old man, I hate to tell you, but the wife says she is real afraid to have you around. They was talking about tuberculosis at her club this afternoon, and the women told her she was plum crazy to live in the same house as a 'T. B.' Its alright with me, but you know how it is."

Doc, that was another long night. Next morning I pulled out with eight dollars and no job. I got a room in Johnson's rooming-house. It isn't much of a place and it was an inside room. After a week I got a job again, helping the warehouse man down at the Caroll Fruit company. It was pretty heavy lifting and I hadn't been eating very regular on my eight dollars.

When I got two weeks' pay, I thought I'd lay off and rest up in bed for a day or two, for I was spitting a little pink from lifting those boxes. Next morning I heard a lady come in the hotel office—my room was just down the hall away—and she says to old Johnson, "Mr. Johnson, we are making a 'T. B.' survey of the city; have you any one sick?" "No Mam," he says, "except there's a fellow in four who is coughing a lot and didn't get up today." So she comes in and finds out all about me, and that night Johnson says, "You will have to get out in the morning, I don't want no lungers here."

In the morning I went to see the county Doc, and he says, "I can't take no lungers at the Poor Farm, it ain't safe, and the hospital won't have you. You better go back to Galen." So, Doc, I guess that's all there is to it.

Yours truly,

M. S. T. S.

County Auditor County,

Dear Sir:

Your application for the readmission of _____ to the Montana State Tuberculosis Sanitarium is acknowledged. We regret to inform you that we have, at present, no vacancies, and that there are twenty applicants on the waiting list.

Yours truly,

C. E. K. VIDAL, Supt.

"With the present attitude of the people he is very apt to be made a leper." Who is to blame?

Criticism is of little value unless it be constructive. The pointing out of defects should involve the suggestion of remedies. I think that the way to betterment will be through the influence that we of the profession are to exercise, first, on our own clientele, and second, on the organized anti-tuberculosis movement. Our beliefs are of great consequence, for according to our beliefs so will our actions be. We should revise our attitude on the tuberculosis question so as to make it coincide with the facts. We must step out from under the tremendous bacteriological bias that Koch and his followers have saddled on, not only preventive medicine, but medicine as a whole. We must lay the emphasis on the human being and not on the bacillus.

To us of the medical profession who are advancing in years and whose days of professional activity lie behind rather than before us, it is a source of regret that the tendency of the profession seems to be to follow the lure that the career of the specialist holds out; to minimize more and more the role of the family physician; to see in all our towns of any size the combining together of many of the brightest minds in what is known as "Group practice," and with all this to sense a growing loss of that bond of mutual confidence, sympathy and good feeling that should link us to our clientel. From the purely scientific stand point, group practice presents ideal features, but man is a complex and cannot be handled from guinea pig standards.

Why is it that every community, no matter how small, sustains in thriving prosperity, the Osteopath, the Chiropractor and the Christian Scientist. What do we lack, gentlemen?

Where there is much smoke there is surely fire. We are failing to give the public something they need, some want fundamental and vital is unsupplied. We have in our organized anti-tuberculosis movement much of enthusiasm and much of energy. In Montana we are very

fortunate in this regard, so fortunate that I digress for a moment to say that in Mrs. Morse, the Executive Secretary, we have as efficient and helpful an officer as any state is fortunate enough to possess.

But our whole campaign is based on the combatting of infection; we are concentrating in Southern Alsace rather than in the Argonne.

I think then that the medical profession should dominate more than they are doing all matters pertaining to public health.

That it is our duty and responsibility to set the key note of the anti-tuberculosis campaign, and our teaching should be along the lines ably summarized by Dobbie of Toronto:

1. The **absolute** protection of infants.
2. The careful protection of children from disease while immunity is being developed.
3. A rational attitude toward the treatment of the adult consumptive.

Stewart in a very delightful paper given before the Winnipeg Anti-Tuberculosis Society draws the analogy between the tuberculosis and the farming problems. It is a very pretty analogy and one is tempted to follow it further. Tuberculosis is but the wild mustard lying latent in almost every field. We have been attempting the hopeless task of hand picking and destroying it. Why not summer fallow with our pure food laws, plow deep with an eight hour day, plant the good seed in the home that a living wage makes possible, fertilize with an education that is rational and sane, and cultivate with our control of the sanitary conditions of the worker; so we can warrant little mustard at the harvest.

The philosopher might hazard the question of whether after all it would work for ultimate good that the last grain of mustard seed should be destroyed; for organisms as well as nations must fight to survive, must struggle that they may be strong, and in our ability to fight, be it Jap or germ, lies the cornerstone of our destiny.

"The prevention of communicable disease depends upon the conscience of the individual as the public health officials have done almost everything else"

CHRISTMAS SEALS

Make possible in Montana: Clinics, Public Health Nurses, Health Exhibits, Health Poster Contests, Public Health Lectures and Anti-Tuberculosis Literature, all of them carrying the knowledge of disease and its prevention into the homes of 550,000 Montanans. When the Yule time approaches, do not forget to help by buying liberally of the "Little Stickers."



"Buy a pair of red cheeks to give a little lad again;
Buy a pallid woman's face the bright eyes of health;
Buy a broken man a hope, buy the strength he had again;
Here be bargains wonderful a-waiting on your wealth."

YOUR PENNY HELPS